

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 589 414

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	1		2			
4	3		2			
5	2		2			
6	2		2			
7	2		2			
8	2		2			
9	2		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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TOTAL IND.			2			
TOTAL DEP.		36				
TOTAL CLAIMS		33				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						